

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Certificate from
Larry V Sims Owner/Operator New Hope Adult Day
Services LLC

PSC 2018

277937

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 277 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Larry V Sims

Telephone: 864 222 2986

Address: 1214 New Hope Rd Anderson SC 29625

Fax: 864 222 2986

Other: 864 245 8864

Email: l.sims13@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input checked="" type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

PSC SC
CLERKS OFFICE

AUG 21 2018

RECEIVED

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

8

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 07/05/2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. New Hope Adult Day Services, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1214 New Hope Rd Anderson SC 29625

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864 222 2986

Phone

864 222 2986

Fax

l.sims13@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|---------------------------------------|------------------------------|----------------------------------|
| Value of Real Estate | <input type="text" value="0"/> | Mortgage/Loan on Real Estate | <input type="text"/> |
| Value of Motor Vehicles | <input type="text" value="10,000"/> | Loans Owed on Motor Vehicles | <input type="text" value="0"/> |
| Cash on Hand | <input type="text" value="4,000"/> | Business/Other Loans Owed | <input type="text" value="0"/> |
| Cash in Bank | <input type="text" value="1,000"/> | Other Liabilities or Debts | <input type="text"/> |
| Value of Other Assets and Equipment | <input type="text" value="2,000"/> | Total Liabilities | <input type="text" value="0"/> ✓ |
| Total Assets | <input type="text" value="17,000"/> ✓ | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$12.00 per pick-up and \$2.50/mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input checked="" type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL- CHAIR LIFT |
|-------|--------------------|-------------------|--------------|-------------------------|
| Dodge | 2008 Grand Caravan | 2D8HN44H18R667321 | 2450 | |
| Dodge | 2014 Journey | 3C4PDCBB2ET180868 | 3045 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Larry V Sims

Name of Applicant

1214 New Hope Rd Anderson Sc 29625

Address of Applicant

Amount of Premium:

Liability Insurance \$ \$745.64

The above quoted premium is for a term of 6 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

| | | |
|-----------------------------------|--------------|--|
| Liability Combined Each Occurance | \$ 1,000,000 | |
| Medical Payments per Person | \$ 1,000 | |

Policy # 596 1193 F27 40 State Farm

Name of Insurance Company

Kaleb Griffin Agency Honea Path SC 29654

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Larry V Sims

Name of Applicant

1214 New Hope Rd Anderson Sc 29625

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1000000

The above quoted premium is for a term of 6 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

| | | |
|-----------------------------------|--------------|--|
| Liability Combined Each Occurance | \$ 1,000,000 | |
| Medical Payments per Person | \$ 1,000 | |

Policy # 596 1193 F27 40 State Farm

Name of Insurance Company

Kaleb Griffin Agency Honea Path SC 29654

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

State Farm®
Providing Insurance and Financial Services



3 Ravinia Drive
Atlanta, GA 30346-2117

Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

| | | | |
|--|--|--|--|
| | | SOUTH CAROLINA INSURANCE CARD | |
| State Farm Mutual Automobile Insurance Company | | | |
| INSURED SIMS, LARRY | | MUTL VOL | |
| POLICY NUMBER 596 1193-F27-40 | | EFFECTIVE | |
| YR 2008 MAKE DODGE | | JUN 27 2018 TO DEC 27 2018 | |
| MODEL CARAVAN | | VIN 2D8HN44H18R667321 | |
| AGENT KALEB GRIFFIN | | | |
| PHONE (864)369-7352 | | NAIC 25178 | |
| A BODILY INJURY/PROPERTY DAMAGE LIABILITY D 500 DEDUCT COMPREHENSIVE G 500 DEDUCT COLLISION H, R1, U, W | | | |
| SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION | | | |

| | |
|---|---|
| | THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW. |
| IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY | |
| 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. | |
| For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY. | |
| How to identify your coverage. See policy for full name and definition | |
| A Liability C Medical Payments D Comprehensive G Collision H Emergency Road Service | L Physical Damage P No Fault R1 Car Rental and Travel Expense S Death, Dismemberment and Loss of Sight U Uninsured Motor Vehicle UNOC Use of Nonowned Cars W Underinsured Motor Vehicle |

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.

Emergency Road Service information is located on your insurance card.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

| | | | |
|--|--|--|--|
| | | SOUTH CAROLINA INSURANCE CARD | |
| State Farm Mutual Automobile Insurance Company | | | |
| INSURED SIMS, LARRY | | MUTL VOL | |
| POLICY NUMBER 596 1193-F27-40 | | EFFECTIVE | |
| YR 2008 MAKE DODGE | | JUN 27 2018 TO DEC 27 2018 | |
| MODEL CARAVAN | | VIN 2D8HN44H18R667321 | |
| AGENT KALEB GRIFFIN | | 2195-BCE | |
| PHONE (864)369-7352 | | NAIC 25178 | |
| A BODILY INJURY/PROPERTY DAMAGE LIABILITY D 500 DEDUCT COMPREHENSIVE G 500 DEDUCT COLLISION H, R1, U, W | | | |
| SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION | | | |

| | |
|---|---|
| | THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW. |
| IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY | |
| 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. | |
| For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY. | |
| How to identify your coverage. See policy for full name and definition | |
| A Liability C Medical Payments D Comprehensive G Collision H Emergency Road Service | L Physical Damage P No Fault R1 Car Rental and Travel Expense S Death, Dismemberment and Loss of Sight U Uninsured Motor Vehicle UNOC Use of Nonowned Cars W Underinsured Motor Vehicle |

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.

Emergency Road Service information is located on your insurance card.

State Farm®
Providing Insurance and Financial Services

3 Ravinia Drive
Atlanta, GA 30346-2117



Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS
STATE FARM

| | | | |
|--|-----------------|--|-------------------|
| State Farm | | SOUTH CAROLINA INSURANCE CARD | |
| State Farm Mutual Automobile Insurance Company | | | |
| INSURED | SIMS, LARRY | MUTL | VOL |
| POLICY NUMBER | 597 8762-A25-40 | EFFECTIVE | |
| YR 2014 | MAKE DODGE | JUL 25 2018 | TO JAN 25 2019 |
| MODEL | JOURNEY | VIN | 3C4PDCBB2ET180868 |
| AGENT | KALEB GRIFFIN | NAIC | 25178 |
| PHONE | (864)369-7352 | | |
| A BODILY INJURY/PROPERTY DAMAGE LIABILITY D 500 DEDUCT COMPREHENSIVE G 500 DEDUCT COLLISION H, R1, U, W | | | |
| SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION | | | |

| | |
|---|--|
| State Farm | THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW. |
| IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY | |
| 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. | |
| For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY. | |
| How to identify your coverage. See policy for full name and definition | |
| A Liability | L Physical Damage U Uninsured Motor Vehicle |
| C Medical Payments | P No Fault UNOC Use of Nonowned Cars |
| D Comprehensive | R1 Car Rental and Travel Expense W Underinsured Motor Vehicle |
| G Collision | S Death, Dismemberment and |
| H Emergency Road Service | Loss of Sight |

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.

Emergency Road Service information is located on your insurance card.

IMPORTANT - IDENTIFICATION CARDS
STATE FARM

| | | | |
|--|-----------------|--|-------------------|
| State Farm | | SOUTH CAROLINA INSURANCE CARD | |
| State Farm Mutual Automobile Insurance Company | | | |
| INSURED | SIMS, LARRY | MUTL | VOL |
| POLICY NUMBER | 597 8762-A25-40 | EFFECTIVE | |
| YR 2014 | MAKE DODGE | JUL 25 2018 | TO JAN 25 2019 |
| MODEL | JOURNEY | VIN | 3C4PDCBB2ET180868 |
| AGENT | KALEB GRIFFIN | NAIC | 25178 |
| PHONE | (864)369-7352 | | |
| A BODILY INJURY/PROPERTY DAMAGE LIABILITY D 500 DEDUCT COMPREHENSIVE G 500 DEDUCT COLLISION H, R1, U, W | | | |
| SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION | | | |

| | |
|---|--|
| State Farm | THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW. |
| IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY | |
| 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. | |
| For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY. | |
| How to identify your coverage. See policy for full name and definition | |
| A Liability | L Physical Damage U Uninsured Motor Vehicle |
| C Medical Payments | P No Fault UNOC Use of Nonowned Cars |
| D Comprehensive | R1 Car Rental and Travel Expense W Underinsured Motor Vehicle |
| G Collision | S Death, Dismemberment and |
| H Emergency Road Service | Loss of Sight |

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.

Emergency Road Service information is located on your insurance card.

Exhibit Fit, Willing, and Able (FWA)

Larry V Sims
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

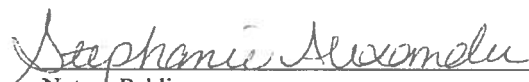


Applicant's Signature

Owner/Operator
Title of Applicant (e.g. President, Owner, etc.)

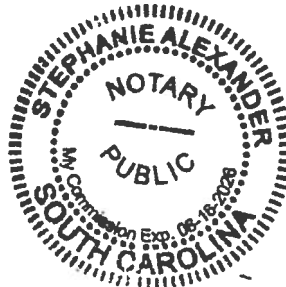
STATE OF SOUTH CAROLINA)
COUNTY OF ANDERSON)

SWORN TO BEFORE ME
This 5 day of July, 2018



Notary Public

Commission Expires 8/16/20



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

NEW HOPE ADULT DAY SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 25th, 2003, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 25th day of
March, 2003.

A handwritten signature of Mark Hammond in dark ink, written over a horizontal line.

Mark Hammond, Secretary of State

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

NEW HOPE ADULT DAY SERVICES, LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina

State:

Important Dates

Effective Date 03/25/2003

:

Expiration N/A

Date:

Term End N/A

Date:

Dissolved N/A

Date:

Registered Agent

Agent: LARRY V SIMS JR

Address: 212 JEB STUART AVE
ANDERSON, South Carolina 29625

Official Documents On File

| Filing Type | Filing Date |
|--------------|-------------|
| Organization | 03/25/2003 |

For filing questions please contact us at 803-734-2158

Copyright © 2018 State of South Carolina